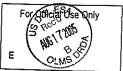
U.S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1/86 9

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01/	0 V 2004 Through	:/2/2//	DAAL
3. Name and address of person filing.	4. Name, file numbe	er, and address of labor org	Tanization	<u> </u>
Name ALFREDO SANCHEZ		L Postal Mail		S LINI
	l abor Organization	- 57	1 . 1# =	マスト
P.O. Box, Bldg., Room No., if any P.O. B. 25364	P.O. Box, Building	and Room Number, if any	PAR 15	72/1/
Street 1135 BROADWAY-NE	Street [13.5	BROADWAY!	1.0.00x22 -NE	264
City ALBUQUERQUE		QUERQUE		
State VW ZIP Code + 467 125	State () M		ZIP Code + 4	115
5. Position in labor organization	in the state of th	or and the second secon	211 Code 14 D /	104)
			- <u> </u>	
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc	ouse or minor child directly	tly or indirectly had any of	the following interests	
A. Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizat				
. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest,	. Transaction, or Income.	ent.	
Name				
Frade Name, if any:	·	ę		3
P.O. Box, Bldg., Room No., if any		the state of the s		
Street	7.b. Amount.			
The second secon				
Dity		•		1
State ZIP Code + 4		*	TO the a street of the contract of the contrac	1
Sign	ature		<u></u>	
15. Signature and verification. The undersigned declares, under penalty of is submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second control of the control of the second control of the control of the control of the second control of the contro	Perjury and other applicat	ble penalties of the law, the examined by the signator estructions.)	at all of the information y and is, to the best of th	ne
Signed Alfred Sens age	On <u>08~11-0</u> :	5 505-3	46-8097	
T M 20 (0000)	Date		phone Number	 -
n LM-30 (2003)	.*		Dav	ne 1 of 2

, the same of the	
Name of Person Filling ALFREDO SANCHEZ	File Number U-
B. Held an interest in or derived income or economic benefit with monetary very substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name FIRST HEALTH Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3200 High Linard AVE City DOWNERS GROVE	9. Business deals with: (a.)abor Organization b. Trust c. Employer
State ILLINOIS ZIP Code + 4 60515	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	First Health underwrites the
Trade Name, if any:	MAIL HANDLERS BENEfIT PLAN SPONGORE
P.O. Box, Bldg., Room No., if any	by the NPM11 W throughout the
Street	CONINS
City	11.b. Approximate dollar value of such dealing. over 2 B, Clion
State ZIP Code + 4	12.a. Nature of interest held or income received. DINNERS October 2004
	12.b. Amount 4 5000
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money o	parts A and B above)
40 - 11	14.a. Nature of payment.
Name	I
Trade Name, if any:	7
P.O. Box, Bldg., Room No., if any	
Street	

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

City

State